

The Permit Applicant must ensure that all works comply with both the Environmental Protection (Abrasive Blasting) Regulations 1998 and Environmental Protection (Metal Coating) Regulations 2001.

SECTION 1: Area Authority

Landside & slipway <input type="checkbox"/> (Authorised by Maintenance Department)	Jetty, Wharf and Marine <input type="checkbox"/> (Authorised by Operations Department)
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SECTION 2: Applicant Detail's

Name of Permit Applicant/s (person/s undertaking work onsite) .	Name: Contact No:
Abrasive blasting registration number:	
Company	
Company representative/contact filling out permit (if different to permit applicant)	Name: Contact No: Email:

SECTION 3: Description of Location and Activity

Location:	
Description of Works (including the abrasive blasting media to be used)	
Description of equipment being used	

SECTION 4: Permit Dates

Permit Requested From: _____ (Date) _____ (Time) To _____ (Date) _____ (Time)

Permit Approved: _____ (Date) _____ (Time) To _____ (Date) _____ (Time)

SECTION 5: Permit Conditions

Permit Applicant to tick yes, no or NA to the following:	YES	NO	N/A
1. Will a pre-start discussion take place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. JHA/Procedure has been prepared and is available for the works?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The area where works are occurring has been checked and cleared for potential ignition sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Appropriate shrouding, tarpaulins or other similar material will be used to fully enclose the abrasive blasting operations and prevent airborne material /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



ABRASIVE BLASTING & SPRAY PAINTING WORK PERMIT

File ref: SHP____/
Version: V1.1 / 76598
Issue date: April 2016
LSP / MAR
Permit No:

debris escaping the work area (this is especially relevant near marine waters)?			
5. Areas located over waters subject to abrasive blasting will be boarded (or have similar effective containment) across the base and at edges to minimise abrasive material entering marine environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. All used abrasive and waste products generated will be contained in enclosed bins (or similar) and securely stored before appropriate disposal to an approved facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Will a spotter/sentry be nominated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the area be barricaded/cordoned off and warning signs displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the person/s conducting the work suitably trained and competent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The required PPE has been identified and will be worn by all involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the equipment you are using fit for purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6: Permit Applicant Statement of Acknowledgement

I acknowledge the requirements of the Kimberley Ports Authority to identify and control risks and work in a safe manner at all times. I confirm the company I represent/undertaking the work has satisfactory documented safe systems of work in place and that all permits and licences required are current.

Signature:	Position:	
Name:	Date:	/ /

SECTION 7: KPA Permit Authoriser Review

- Check permit is filled out correctly
- Clarify details with applicant where required.
- Check scheduling for other permits and activities
- For KPA contractors, ensure the relevant KPA contact has been advised of the work (i.e. maintenance department)

SECTION 8: KPA Permit Authoriser Statement of Acknowledgement (KPA Use Only)

I am satisfied that the applicant/contractor information provided to me is sufficient to show that the contractor has a system in place to fulfil their legal obligations to conduct works in a safe manner. This Permit to Work is approved subject to any conditions listed below.

Signature:	Position:	
Name:	Date:	/ /

Special Conditions for approval – if any: _____

SECTION 9: Completion Sign Off. **Please present this form to gatehouse on departure**

Permit Applicant: _____ Date: _____ Time: _____ Signature: _____

KPA Authorised Person: _____ Date: _____ Time: _____ Signature: _____

KPA ma withdraw this permit at any time if unsafe work practices are seen.